Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ALABAMA	_	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's	Tyrone First name	_	First name
	license or passport).	Middle name	_	Middle name
	Bring your picture identification to your	Allen		
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names and any assumed, trade names and doing business as names.			
	Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0657		

Del	otor 1 Tyrone R. Allen			Case number (if known)
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
4.	Your Employer Identification Number (EIN), if any.			
	(Eliv), ii aliy.	EIN		EIN
5.	Where you live			If Debtor 2 lives at a different address:
		4003 Ruff Road Pinson, AL 35126		
		Number, Street, City, State & ZIP Code		Number, Street, City, State & ZIP Code
		Jefferson County		County
		•		·
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	-	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:		Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. □ Chapter 7							
	choosing to file under								
		☐ Chap	oter 11						
		☐ Chap	oter 12						
		■ Char	oter 13						
3.	How you will pay the fee	ab or	□ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.						
		■ Ir	need to pay	the fee in instal		e this option, sign	n and attach the Applica	ation for Individuals to Pay	
			•		Official Form 103A).	this setion select	if and filling for Obser	atan 7 Dullaur a hudan man	
		bu ap	ut is not req oplies to you	uired to, waive yo ur family size and	ur fee, and may do so you are unable to pay	only if your inco the fee in instal	ome is less than 150% of	oter 7. By law, a judge may, of the official poverty line that this option, you must fill out your petition.	
).	Have you filed for bankruptcy within the	□ No. ■ Yes.							
	last 8 years?	■ Yes.	District	AL ND	When	2/20/46	Casa numbar	46 00700	
			District	ALND		2/29/16	Case number	16-00790	
			District		When When		Case number		
			District		when		Case number		
0.	Are any bankruptcy cases pending or being	■ No							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor				Relationship to y	/ou	
			District		When		Case number, if	known	
			Debtor				Relationship to y	/ou	
			District		When		Case number, if	known	
1.	Do you rent your	■ No.	Go to I	ine 12.					
	residence?	☐ Yes.	Has yo	ur landlord obtain	ed an eviction judgme	ent against you?			
				No. Go to line 12					
				Yes. Fill out <i>Initia</i> this bankruptcy p		Eviction Judgm	ent Against You (Form	101A) and file it as part of	

Debtor 1 Tyrone R. Allen

Deb	tor 1 Tyrone R. Allen				Case number (if known)
Par	Report About Any Bu	ısinesses	You Ow	n as a Sole Propriete	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Nam	e and location of busi	ness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Num	ber, Street, City, State	e & ZIP Code
	it to this petition.		Chec	k the appropriate box	to describe your business:
				Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real I	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	fined in 11 U.S.C. § 101(53A))
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))
				None of the above	
Pari	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	proceed you are c cash-flow § 1116(1) ■ No. □ No. □ Yes. □ Yes.	under Suchoosing vistateme ()(B). I am Code I am I do r I am choo	to proceed under Subent, and federal income not filing under Chapter 1 e. filing under Chapter 1 e.	can set appropriate deadlines. If you indicate that you are a small business debtor or ochapter V, you must attach your most recent balance sheet, statement of operations, the tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. ter 11. 1, but I am NOT a small business debtor according to the definition in the Bankruptcy 1, I am a small business debtor according to the definition in the Bankruptcy Code, and I under Subchapter V of Chapter 11. 1, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11. Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No.	What is	the hazard?	
	identifiable hazard to public health or safety? Or do you own any property that needs			diate attention is	
	immediate attention?		needed	, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			s the property?	Number Street City State 9 7 in Code
					Number, Street, City, State & Zip Code

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	tor 1 Tyrone R. Allen			Case nun	nber (if known)		
Par	6: Answer These Quest	ons for Re	porting Purposes				
16.	What kind of debts do you have?	İ		consumer debts? Consumer debts are described on the consumer debts are described on the consumer debts are described on the consumer debts.	defined in 11 U.S.C. § 101(8) as "incurred by an		
			_				
			Yes. Go to line 17.	husiness debts? Rusiness debts are debts	ata that you incurred to obtain		
		I	money for a business or in —	business debts? Business debts are delevestment or through the operation of the business debts are debts.			
			☐ No. Go to line 16c.				
			Yes. Go to line 17.				
		16c. –	State the type of debts you	u owe that are not consumer debts or busing	ness debts		
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapt	ter 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7 are paid that funds will be	7. Do you estimate that after any exempt p available to distribute to unsecured creditors.	roperty is excluded and administrative expenses ors?		
	administrative expenses		□ No				
	are paid that funds will be available for		☐ Yes				
	distribution to unsecured creditors?						
18.	How many Creditors do	1 -49		1 ,000-5,000	□ 25,001-50,000		
	you estimate that you owe?	☐ 50-99		☐ 5001-10,000	☐ 50,001-100,000		
	owe?	□ 100-19	9	1 0,001-25,000	☐ More than100,000		
		200-99	9				
19.	How much do you	□ \$0 - \$5	0,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?	\$50,00	1 - \$100,000	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion		
			01 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion		
		□ \$500,0	01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion		
20.	How much do you	□ \$0 - \$5		☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?		1 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion		
			01 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
		\$500,00	01 - \$1 million	Δ ψ100,000,001 - ψ300 Hillion	I wore than \$50 billion		
Par	7: Sign Below						
For	you	I have exa	mined this petition, and I o	declare under penalty of perjury that the inf	formation provided is true and correct.		
				r 7, I am aware that I may proceed, if eligit e relief available under each chapter, and	ole, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7.		
				d not pay or agree to pay someone who is the notice required by 11 U.S.C. § 342(b).			
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		bankruptcy and 3571.	y case can result in fines u		ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,		
		Tyrone F	e R. Allen R. Allen of Debtor 1	Signature of De	btor 2		
		Executed	on February 26, 202 4	Executed on			
			MM / DD / YYYY		MM / DD / YYYY		

Debtor 1 Tyrone R. Allen		Cas	se number (if known)
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition, under Chapter 7, 11, 12, or 13 of title 11, United State for which the person is eligible. I also certify that I have	s Code, and have	explained the relief available under each chapter
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, certify schedules filed with the petition is incorrect.		
	/s/ Joe S. Erdberg	Date	February 26, 2024
	Signature of Attorney for Debtor		MM / DD / YYYY
	Joe S. Erdberg Printed name		
	Jaffe & Erdberg		
	Firm name		
	Land Title Building		
	600 20th Street No, Suite 400		
	Birmingham, AL 35203		
	Number, Street, City, State & ZIP Code		

Email address

Contact phone **205-323-4500**

AL Bar number & State

Fill	in this information to identify your case:		
Deb	otor 1 Tyrone R. Allen		
Deb	First Name Middle Name Last Name		
	use if, filing) First Name Middle Name Last Name		
Uni	ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ALABAMA		
Cas (if kn	se numberown)		neck if this is an nended filing
Of	ficial Form 106Sum		
Su	mmary of Your Assets and Liabilities and Certain Statistical Information		12/15
info you	is complete and accurate as possible. If two married people are filing together, both are equally responsible to mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	11: Summarize Your Assets		
			ur assets ue of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$_	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$_	77,595.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$_	77,595.00
Par	t 2: Summarize Your Liabilities		
		You	ır liabilities
		Amo	ount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$_	86,799.70
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$_	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$_	17,005.45
	Your total liabilities	\$	103,805.15
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$_	13,077.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$_	10,795.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	our other	schedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	r a perso	nal, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check the court with your other schedules.	<i>is box</i> an	nd submit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

17,061.00

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in	this info	ormation to identify your	case and this filing:					
Debto	r 1	Tyrone R. Allen						
		First Name	Middle Name	Last Name				
Debto	r 2 e, if filing)	First Name	Middle Name	Last Name				
(Spouse	e, ii iiiiig)	First Name	Middle Name	Last Name				
United	d States E	Bankruptcy Court for the:	NORTHERN DISTRICT C	F ALABAMA				
Case	number						Check if this is an	
							amended filing	
							_	
Oπ:	-:-I [a was 400 A /D						
		orm 106A/B						
Scł	nedu	ıle A/B: Prop	erty				12/15	
nforma Answer Part 1:	etion. If m r every qu Describ	ore space is needed, attach estion. be Each Residence, Buildin	a separate sheet to this form g, Land, or Other Real Estate	I people are filing together, both On the top of any additional party You Own or Have an Interest In	ges, write your name and			
. Do y	ou own o	r have any legal or equitable	e interest in any residence, b	uilding, land, or similar property?	?			
■ N	lo. Go to F	art 2.						
ПΥ	es. Where	e is the property?						
		o to the property.						
	_							
Part 2:	Describ	e Your Vehicles						
				icles, whether they are regist le G: Executory Contracts and l		ıy vehic	cles you own that	
3. Car	s, vans,	trucks, tractors, sport u	tility vehicles, motorcycle	5				
	10							
■ Y	' 00							
_ '	63							
3.1	Make:	Dodge	Who has an intere	est in the property? Check one	Do not deduct secure	ed claim	s or exemptions. Put	
0.1	Model:	Ram		St in the property? Gleck one			aims on Schedule D: Secured by Property.	
	Year:	2005	■ Debtor 1 only ■ Debtor 2 only				, , ,	
		ate mileage:	Debtor 1 and De	ahtor 2 only	Current value of the entire property?		Current value of the ortion you own?	
	Other info			he debtors and another			,	
[
			Check if this is (see instructions)	community property	\$3,650.0	0	\$3,650.00	
3.2	Make:	Indian	 _	est in the property? Check one	the amount of any se	cured cl	s or exemptions. Put laims on <i>Schedule D:</i>	
	Model:	Challenger Motorcy			Creditors Who Have	Claims 3	Secured by Property.	
	Year:	2021	Debtor 2 only		Current value of the		surrent value of the	
		ate mileage:	Debtor 1 and De	•	entire property?	р	ortion you own?	
Г	Other info	ormation:	☐ At least one of t	he debtors and another				
			Check if this is (see instructions)	community property	\$9,200.0	0	\$9,200.00	

Debt	or 1 Tyrone R. Allen	Case number (if known)			
3.3	Make: Truimph Model: Rocket 3	Who has an interest in the property? Check one Debtor 1 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:	
	Year: 2020	Debtor 2 only	Current value of the	Current value of the	
	Approximate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?	
	Other information:	☐ At least one of the debtors and another			
		Check if this is community property (see instructions)	\$11,500.00	\$11,500.00	
3.4	Make: Genesis	Who has an interest in the property? Check one	Do not deduct secured cla the amount of any secure	d claims on <i>Schedule D:</i>	
	Model: GVA	Debtor 1 only	Creditors Who Have Clair	ms Secured by Property.	
	Year: 2021	_ Debtor 2 only	Current value of the	Current value of the	
	Approximate mileage:	_ Debtor 1 and Debtor 2 only	entire property?	portion you own?	
	Other information:	At least one of the debtors and another			
		Check if this is community property (see instructions)	\$38,400.00	\$38,400.00	
3.5	Make: Volvo Model: 880	Who has an interest in the property? Check one Debtor 1 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:	
	Year: 2006	Debtor 2 only			
	Approximate mileage: 1500000	_	Current value of the entire property?	Current value of the portion you own?	
	Other information:	☐ At least one of the debtors and another		,	
		Check if this is community property (see instructions)	\$7,200.00	\$7,200.00	
3.6	Make: Victory Model: Vision	Who has an interest in the property? Check one	Do not deduct secured cla	d claims on Schedule D:	
		Debtor 1 only	Creditors Who Have Clair	ms Secured by Property.	
	Year: 2012	_ Debtor 2 only	Current value of the	Current value of the portion you own?	
	Approximate mileage: Other information:	Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?	
	Other information.	At least one of the debtors and another			
		Check if this is community property (see instructions)	\$6,200.00	\$6,200.00	
Exa	amples: Boats, trailers, motors, personal	and other recreational vehicles, other vehicles, an watercraft, fishing vessels, snowmobiles, motorcycle a			
		own for all of your entries from Part 2, including ar te that number here		\$76,150.00	
Part 3	Describe Your Personal and Household	I Items			
·		interest in any of the following items?	, [Current value of the portion you own? On not deduct secured claims or exemptions.	
E:	busehold goods and furnishings xamples: Major appliances, furniture, line No	ns, china, kitchenware			
	Yes. Describe				

Debt	or 1	Tyrone R. A	Ilen Case number (if known)
			Household Goods	\$1,025.00
				
E:	ectroni kample No	s: Televisions a	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music I phones, cameras, media players, games	collections; electronic devices
	Yes. I	Describe		
<i>E</i> :	kample		I figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coi ions, memorabilia, collectibles	n, or baseball card collections;
_	No	D 11		
ш	Yes. I	Describe		
E)	kample	nt for sports a s: Sports, photo musical instr	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
_	No Yes. I	Describe		
	irearm E <i>xampl</i> No		s, shotguns, ammunition, and related equipment	
_		Describe		
11 C	lothes			
E			othes, furs, leather coats, designer wear, shoes, accessories	
	Yes. I	Describe		
			Clothes	\$420.00
			Ciotnes	Ψ420.00
	No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
		m animals les: Dogs, cats,	hirds horses	
	No No	50. 2 0go, 0a.o,	2.145, 1.01666	
	Yes. I	Describe		
_	ny oth	er personal an	nd household items you did not already list, including any health aids you did not list	
_		Give specific inf	formation	
			of all of your entries from Part 3, including any entries for pages you have attached number here	\$1,445.00
Part 4	: Des	cribe Your Finan	icial Assets	
			egal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
		les: Money you	have in your wallet, in your home, in a safe deposit box, and on hand when you file your peti	tion

Official Form 106A/B Schedule A/B: Property page 3

☐ Yes.....

De	ebtor 1	Tyrone R.	Allen	Case number (if known)	
17.				counts; certificates of deposit; shares in credit unions, brokerage hour south the same institution, list each.	ses, and other similar
	■ No □ Yes			Institution name:	
18.			s, or publicly traded stocks ds, investment accounts with br	rokerage firms, money market accounts	
	■ No		1 20 2		
	☐ Yes		Institution or issuer	rname:	
19.	joint v	ublicly traded venture	stock and interests in incorp	oorated and unincorporated businesses, including an interest in	an LLC, partnership, and
	■ No □ Yes	Give specific	information about them		
	— 100.	Cive openiio	Name of entity:	% of ownership:	
	Negoti Non-ne ■ No	tiable instrumer negotiable instru	nts include personal checks, ca	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
21.		ment or pensi ples: Interests i	on accounts	403(b), thrift savings accounts, or other pension or profit-sharing plar	าร
	■ No				
	☐ Yes.	List each acco	ount separately. Type of account:	Institution name:	
22.	Your s Examp	share of all unu		o that you may continue service or use from a company , public utilities (electric, gas, water), telecommunications companies	, or others
	■ No □ Yes.			Institution name or individual:	
23.	Annuit ■ No	ties (A contrac	t for a periodic payment of mon	ney to you, either for life or for a number of years)	
	☐ Yes		Issuer name and description.		
24.			ation IRA, in an account in a q), 529A(b), and 529(b)(1).	qualified ABLE program, or under a qualified state tuition progra	am.
	■ No □ Yes		Institution name and description	on. Separately file the records of any interests.11 U.S.C. § 521(c):	
25.	Trusts	, equitable or	future interests in property (c	other than anything listed in line 1), and rights or powers exercis	sable for your benefit
	☐ Yes.	Give specific	information about them		
26.	_Examp			and other intellectual property eds from royalties and licensing agreements	
	■ No □ Yes.	Give specific	information about them		
27.	Examp		s, and other general intangible permits, exclusive licenses, cool	les perative association holdings, liquor licenses, professional licenses	
	■ No □ Yes.	Give specific	information about them		
M	oney or	property owe	d to you?		Current value of the portion you own? Do not deduct secured

claims or exemptions.

D	ebtor 1	Tyrone R. Allen	Case number (if known)	
28.	Tax re ■ No	funds owed to you		
	☐ Yes.	. Give specific information about them, including whether you already	filed the returns and the tax years	
29.	Exam	y support nples: Past due or lump sum alimony, spousal support, child support,	maintenance, divorce settlement, property s	settlement
	■ No □ Yes.	. Give specific information		
30.		amounts someone owes you pples: Unpaid wages, disability insurance payments, disability benefits benefits; unpaid loans you made to someone else	s, sick pay, vacation pay, workers' compen-	sation, Social Security
	_	. Give specific information		
31.		sts in insurance policies ples: Health, disability, or life insurance; health savings account (HSA)	A); credit, homeowner's, or renter's insuranc	ce
	☐ Yes.	. Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
	If you some	nterest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insura one has died. Give specific information	ance policy, or are currently entitled to recei	ve property because
33.	Exam ■ No	s against third parties, whether or not you have filed a lawsuit or ples: Accidents, employment disputes, insurance claims, or rights to Describe each claim		
34.	■ No	contingent and unliquidated claims of every nature, including co	ounterclaims of the debtor and rights to	set off claims
35.		nancial assets you did not already list		
	■ No □ Yes.	. Give specific information		
36		the dollar value of all of your entries from Part 4, including any eart 4. Write that number here		\$0.00
Pa	rt 5: De	escribe Any Business-Related Property You Own or Have an Interest In. L	ist any real estate in Part 1.	
١	No. G	own or have any legal or equitable interest in any business-related property to Part 6. Go to line 38.	erty?	
Pa		escribe Any Farm- and Commercial Fishing-Related Property You Own or you own or have an interest in farmland, list it in Part 1.	Have an Interest In.	
46.	■ No	u own or have any legal or equitable interest in any farm- or com . Go to Part 7. s. Go to line 47.	nmercial fishing-related property?	

Describe All Property You Own or Have an Interest in That You Did Not List Above

Part 7:

53.	Do you have other property of any kind you did not already list' Examples: Season tickets, country club membership	?		
	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$76,150.00		
57.	Part 3: Total personal and household items, line 15	\$1,445.00		
58.	Part 4: Total financial assets, line 36	\$0.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$77,595.00	Copy personal property total	\$77,595.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$77,595.00

Debtor 1

Tyrone R. Allen

						_	
Fil	l in this inform	ation to identify your o	case:				
De	ebtor 1	Tyrone R. Allen					
		First Name	Middle Name	L	ast Name		
	ebtor 2 ouse if, filing)	First Name	Middle Name	L	ast Name		
		kruptcy Court for the:	NORTHERN DISTRICT OF	ΔΙΔΡ	ΔΜΔ		
	inted States Ban	ikruptcy Court for the.	- NORTHERN BIOTRIOT OF	ALAD	PAWA		
	nse number					☐ Check if this is an	
(" K	alowii)					amended filing	
_						J	
O ₁	fficial For	m 106C					
S	chedule	e C: The Pro	perty You Cla	im	as Exempt	4/22	
		d	(f. f		de en le elle ene energle en en en 25 le 16	and the second of the second o	
the nee	property you liseded, fill out and	ited on <i>Schedule A/B: P</i> I attach to this page as n	roperty (Official Form 106A/B)	as yo	our source, list the property that you	r supplying correct information. Using claim as exempt. If more space is additional pages, write your name and	
cas	e number (if kn	own).					
spe any fun	ecific dollar am applicable sta ds—may be ur	ount as exempt. Alterr atutory limit. Some exe nlimited in dollar amou	natively, you may claim the f imptions—such as those for int. However, if you claim an	ull fai heal exen	th aids, rights to receive certain b nption of 100% of fair market valu	ing exempted up to the amount of enefits, and tax-exempt retirement e under a law that limits the	
		irticular dollar amount statutory amount.	and the value of the propert	ty is c	determined to exceed that amoun	t, your exemption would be limited	
Pa	rt 1: Identify	the Property You Clai	im as Exempt				
			aiming? Check one only, eve	n if vo	our spouse is filing with you		
	_			•	, ,		
	_	-	nonbankruptcy exemptions.	11 0.8	5.C. 9 522(D)(3)		
	☐ You are cla	iming federal exemption	s. 11 U.S.C. § 522(b)(2)				
2.	For any prope	erty you list on <i>Schedu</i>	<i>lle A/B</i> that you claim as exe	empt,	fill in the information below.		
		on of the property and line hat lists this property	on Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption	
			Copy the value from	Che	eck only one box for each exemption.		
			Schedule A/B				
	Household		\$1,025.00		\$1,025.00	Ala. Code §§ 6-10-6, 6-10-12	
	Ellio Holli Goli	oddio 742. GT			100% of fair market value, up to any applicable statutory limit		
	Clothes					Ala. Code §§ 6-10-6, 6-10-12	
		edule A/B: 11.1	\$420.00		\$420.00	Ala. 00dc 33 0 10 0, 0 10 12	
					100% of fair market value, up to any applicable statutory limit		
2	Are you claim	ning a homostoad oxon	nption of more than \$189,05	n 2			
J.					led on or after the date of adjustmen	nt.)	
	■ No						
	☐ Yes. Did	you acquire the property	covered by the exemption wi	thin 1	,215 days before you filed this case	?	
□ No							

☐ Yes

Fill in this information to identify	Valle aggs:						
Fill in this information to identify	your case:						
Debtor 1 Tyrone R. Al		Last Name		-			
First Name Debtor 2	Middle Name	Last Name					
(Spouse if, filing) First Name	Middle Name	Last Name					
Haita d Ctatas Baulum mtan Canut fam	45 - NORTHERN DISTRICT OF						
United States Bankruptcy Court for	the: NORTHERN DISTRICT OF	ALABAMA					
Case number							
(if known)				☐ Check	if this is an		
				ameno	led filing		
Official Forms 400D							
Official Form 106D							
Schedule D: Credito	ors Who Have Claim	s Secured	by Propert	У	12/15		
Be as complete and accurate as possil	ble. If two married people are filing to	gether, both are equ	ually responsible for su	upplying correct informa	tion. If more space		
is needed, copy the Additional Page, fi							
number (if known).							
1. Do any creditors have claims secure							
☐ No. Check this box and subr	nit this form to the court with your of	ther schedules. Yo	ou have nothing else t	to report on this form.			
Yes. Fill in all of the informat	ion below.						
Part 1: List All Secured Claims	S						
2. List all secured claims. If a creditor	has more than one secured claim, list the	creditor separately	Column A	Column B	Column C		
for each claim. If more than one creditor	r has a particular claim, list the other cred	s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.		Value of collateral	Unsecured		
much as possible, list the claims in alpha	abetical order according to the creditor's			that supports this claim	portion If any		
2.1 Big Rig Lending	Describe the property that secu	res the claim:	value of collateral. \$4,800.00	\$7,200.00	\$0.00		
Creditor's Name	2006 Volvo 880 1500000	miles					
	As of the date you file, the claim	is: Check all that					
220 S Hamilton St	apply.						
Dalton, GA 30720	Contingent						
Number, Street, City, State & Zip Code	☐ Unliquidated						
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that app	oly					
_	_						
■ Debtor 1 only □ Debtor 2 only	 An agreement you made (such car loan) 	, as mortgage or sec	urea				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien,	mochanic's lian)					
☐ At least one of the debtors and anoth		mechanic's lien)					
☐ Check if this claim relates to a	☐ Other (including a right to offse	· ·					
community debt	0o. (o.aag ag.n to 0oo						
Date debt was incurred	Last 4 digits of account n	umber					
	Last 4 digits of account i						
2.2 Cadence Bank	Describe the property that secu	res the claim:	\$44,000.00	\$38,400.00	\$5,600.00		
Creditor's Name	2021 Genesis GVA		4 : 1,000.00		Ψο,σσσίσσ		
	2021 30113013 3171						
1349 West Peachtree	As of the date you file, the claim	io o la					
Street Ste 100	apply.	I IS: Check all that					
Atlanta, GA 30309	Contingent						
Number, Street, City, State & Zip Code	Unliquidated						
Who awas the debt2 of	Disputed						
Who owes the debt? Check one.	Nature of lien. Check all that app						
Debtor 1 only	An agreement you made (such	as mortgage or sec	ured				
Debtor 2 only	car loan)						
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien,	mechanic's lien)					
☐ At least one of the debtors and anoth☐ Check if this claim relates to a		.4\					
community debt	☐ Other (including a right to offse						
-							
Date debt was incurred	Last 4 digits of account r	iumber					

Der	First Name Middle N		fluffiber (if known)		
2.3	Freedom Road Financial	Describe the property that secures the claim:	\$13,300.00	\$11,500.00	\$1,800.00
2.0	Creditor's Name	2020 Truimph Rocket 3		<u> </u>	Ψ1,000.00
	10605 Double R Blvd Reno, NV 89521	As of the date you file, the claim is: Check all that apply.			
	Number, Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated			
Wh	o owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
	Debtor 1 only	■ An agreement you made (such as mortgage or secured	ı		
_	Debtor 2 only	car loan)			
_	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	At least one of the debtors and another	☐ Judgment lien from a lawsuit			
	Check if this claim relates to a community debt	Other (including a right to offset)			
Date	e debt was incurred	Last 4 digits of account number			
2.4	OneMain Financial	Describe the property that secures the claim:	\$9,848.84	\$6,200.00	\$3,648.84
	Creditor's Name	2012 Victory Vision			
	C/O Jay N. Levine, CEO	As of the date you file, the claim is: Check all that			
	601 NW 2nd Street	apply.			
	Evansville, IN 47708	☐ Contingent			
	Number, Street, City, State & Zip Code	☐ Unliquidated			
Who	o owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
	Debtor 1 only	■ An agreement you made (such as mortgage or secured	I		
_	Debtor 2 only	car loan)			
_	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	At least one of the debtors and another	☐ Judgment lien from a lawsuit			
	Check if this claim relates to a community debt	Other (including a right to offset)			
Date	e debt was incurred	Last 4 digits of account number			
2.5	Performance Finance	Describe the property that secures the claim:	\$11,049.56	\$9,200.00	\$1,849.56
	Creditor's Name	2021 Indian Challenger Motorcycle			
	10509 Professional Circle Reno, NV 89521	As of the date you file, the claim is: Check all that apply. Contingent			
	Number, Street, City, State & Zip Code	☐ Unliquidated			
Who	o owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
	Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)	I		
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	At least one of the debtors and another	☐ Judgment lien from a lawsuit			
	Check if this claim relates to a	Other (including a right to offset)			
	community debt				
Date	e debt was incurred	Last 4 digits of account number			

Deptor 1 Tyrone R. Allen		Case number (if known)		
First Name Middle Na	me Last Name			
2.6 TitleMax of Alabama	Describe the property that secures the claim:	\$3,801.30	\$3,650.00	\$151.30
Creditor's Name	2005 Dodge Ram			
C/O Ebony Thomas, President 15 Bull Street Ste 200 Savannah, GA 31401 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or scar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	ecured		
community debt				
Date debt was incurred	Last 4 digits of account number			
			1	
-	olumn A on this page. Write that number here:	\$86,799.70		
If this is the last page of your form, add t Write that number here:	the dollar value totals from all pages.	\$86,799.70		
Part 2: List Others to Be Notified for	r a Debt That You Already Listed			
trying to collect from you for a debt you ov	e notified about your bankruptcy for a debt that yo we to someone else, list the creditor in Part 1, and you listed in Part 1, list the additional creditors he is page.	then list the collection agency	here. Similarly, if you	have more
Name, Number, Street, City, State & TitleMax of Alabama C/O Clifton Lewis North Jackson St Ste 605 Montgomery, AL 36104	Last 4	nich line in Part 1 did you enter the	e creditor? 2.6	

Fill in this	information to identify your	case:		
Debtor 1	Tyrone R. Allen			
Dobto. 1	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filin	ng) First Name	Middle Name	Last Name	
United Sta	ites Bankruptcy Court for the:	NORTHERN DIST	RICT OF ALABAMA	
Case num	ber			
(if known)				Check if this is an
				amended filing
Official	Form 106E/F			
		ha Hava Had	accured Claims	4 O / 4 E
	ule E/F: Creditors W		SECUTED CIAIMS with PRIORITY claims and Part 2 for creditors with NONPRIORITY	12/15
eft. Attach t		e. If you have no infor	ore space is needed, copy the Part you need, fill it out, number th rmation to report in a Part, do not file that Part. On the top of any	
	creditors have priority unsecure		•	
•	Go to Part 2.	a ciamis agamst you.		
☐ Yes.				
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claim	ns	
	creditors have nonpriority unsec			
□ No.	You have nothing to report in this p	art. Submit this form to	the court with your other schedules.	
■ Yes.	•			
unsecui	red claim, list the creditor separately	/ for each claim. For ea	cal order of the creditor who holds each claim. If a creditor has more chicked, identify what type of claim it is. Do not list claims already Part 3.If you have more than three nonpriority unsecured claims fill out	ly included in Part 1. If more
				Total claim
	lways Money	Last 4	digits of account number	\$1,830.51
	onpriority Creditor's Name O1B Montague Avenue	When	was the debt incurred?	
	reenwood, SC 29649	Wileii	was the dept incurred?	<u> </u>
	ımber Street City State Zip Code	As of t	the date you file, the claim is: Check all that apply	
Wi	ho incurred the debt? Check one.			
	Debtor 1 only	□ Co	ntingent	
	Debtor 2 only	□ Un	liquidated	
	Debtor 1 and Debtor 2 only	☐ Dis	sputed	
	At least one of the debtors and and	other Type o	of NONPRIORITY unsecured claim:	
	Check if this claim is for a comi	nunity 🔲 Stu	udent loans	
de	bt	□ ОЬ	ligations arising out of a separation agreement or divorce that you did	not
_	the claim subject to offset?		as priority claims	
	No		bts to pension or profit-sharing plans, and other similar debts	
	Yes	Oth	ner Specify Account	

Debtor	1 Tyrone R. Allen	Case number (if known)	
4.2	America's First Finance Nonpriority Creditor's Name	Last 4 digits of account number	\$3,038.24
	C/O Doug Rippel, CEO P.O. Box 565848 Dallas, TX 75356	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Account	
4.3	Belk/Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number	\$136.00
	170 West Election Road, Suite 125 Draper, UT 84020	When was the debt incurred?	
•	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Account	
4.4	Capital One	Last 4 digits of account number	\$1,174.26
	Nonpriority Creditor's Name 1680 Capital One Drive Mc Lean, VA 22102	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Account	

Debtor	1 Tyrone R. Allen	Case number (if known)	
4.5	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	\$1,856.10
	1680 Capital One Drive Mc Lean, VA 22102	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Account	
4.6	Concora Credit Nonpriority Creditor's Name	Last 4 digits of account number	\$1,800.00
	PO Box 4477	When was the debt incurred?	
	Beaverton, OR 97076-4477		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	По и	
		☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Account	
4.7	Regional Finance Corporation	Last 4 digits of account number	\$2,374.13
	Nonpriority Creditor's Name C/O Peter Knitzer, CEO 5031 Ford Pkwy	When was the debt incurred?	
	Bessemer, AL 35022		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Account	

Debtor	1 Tyrone F	R. Allen		Case no	umber (if kn	own)		
4.8	Syncb/ PPO		Last 4 digits of account number				\$1,421.0	DO
	PO Box 96		When was the debt incurred?				_	
	Orlando, F Number Street	L 32896 City State Zip Code	As of the date you file, the claim	is: Check	call that app	oly		
	Who incurred	the debt? Check one.						
	Debtor 1 or	nly	☐ Contingent					
	Debtor 2 or	nly	☐ Unliquidated					
	Debtor 1 ar	nd Debtor 2 only	☐ Disputed					
	☐ At least one	e of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
		is claim is for a community	☐ Student loans					
	debt	ubject to offset?	Obligations arising out of a separeport as priority claims	aration ag	reement or	divorce that you did no	ot	
	■ No	,	Debts to pension or profit-sharing	ng plans,	and other si	imilar debts		
	Yes		Other Specify Account					
4.9	Tower Loa		Last 4 digits of account number				\$3,375.2	 21
	Nonpriority Cre 406 Liberty Flowood, M	Park Court	When was the debt incurred?					
		City State Zip Code	As of the date you file, the claim	is: Check	call that app	oly		
	Who incurred	the debt? Check one.						
	Debtor 1 or	nly	☐ Contingent					
	Debtor 2 or	nly	☐ Unliquidated					
		nd Debtor 2 only	Disputed					
	At least one	e of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if the	is claim is for a community	Student loans			-15	-4	
		ubject to offset?	☐ Obligations arising out of a separe report as priority claims	aration ag	greement or	divorce that you did no	Л	
	■ No		Debts to pension or profit-sharing	ng plans,	and other si	imilar debts		
	☐ Yes		■ Other. Specify Account					
Part 3:	List Other	s to Be Notified About a Debt	That You Already Listed					
is tryi have notific	ing to collect from one than one ed for any debt	om you for a debt you owe to som creditor for any of the debts that y s in Parts 1 or 2, do not fill out or s amounts for Each Type of Uns	ecured Claim	n Parts 1 itional cr	or 2, then I editors her	ist the collection age e. If you do not have	ncy here. Similarly, if you additional persons to be	u .
	tne amounts of of unsecured cl		s. This information is for statistical i	eporting	purposes	only. 28 U.S.C. §159.	Add the amounts for eac	n
						Total Claim		
Total claims	6a.	Domestic support obligations		6a.	\$	0.0	00	
from Pa	art 1 6b.	Taxes and certain other debts y	ou owe the government	6b.	\$	0.0	00	
	6c.	•	• •	6c.	\$	0.0		
	6d.	Other. Add all other priority unsec	cured claims. Write that amount here.	6d.	\$	0.0	00_	
	6e.	Total Priority. Add lines 6a throu	gh 6d.	6e.	\$	0.0	00	
						Total Claim		
T-4-1	6f.	Student loans		6f.	\$	0.0	00	
Total claims								
from Pa	art 2 6g.	Obligations arising out of a sep you did not report as priority cl	aration agreement or divorce that aims	6g.	\$	0.0	00	
	6h.		ing plans, and other similar debts	6h.	\$	0.0	00	

6i. Other. Add all other nonpriority unsecured claims. Write that amount

Debtor 1	Tyrone R. Allen	Case number (if known)	
	here		

Fill in this inform					
Debtor 1	Tyrone R. Allen				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court for the:	NORTHERN DISTRICT	OF ALABAMA		
Case number					
(if known)					Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the , Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	

Fill in this int					
	formation to identify your	case:			
Debtor 1	Tyrone R. Allen First Name	Middle Name	Last Name		
Debtor 2	, not really	madio Hamo	Zaot Hamo		
(Spouse if, filing)	First Name	Middle Name	Last Name	_	
United States	Bankruptcy Court for the:	NORTHERN DISTRICT	OF ALABAMA		
Case number	·				
(if known)					Check if this is an
					amended filing
Official F	Form 106H				
	le H: Your Cod	ehtors			12/15
Jonicaa	ic II. Tour oou	CDIOIS			12/13
our name an	d case number (if known)	. Answer every question			o of any Additional Pages, write
i. Do you	i nave any codebtors? (II	you are ming a joint case,	do not list either spouse	as a codebior.	
■ No □ Yes					
	the last 8 years, have you California, Idaho, Louisiana				y states and territories include
■ No. Go	a ta lia a O				
_	o to line 3. iid your spouse, former spo	use, or legal equivalent live	e with you at the time?		
00.2	ia year opeaee, reimer ope	aco, or rogal equivalent live	war you at the time.		
in line 2	again as a codebtor only i 6D), Schedule E/F (Officia	f that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	lumn 1: Your codebtor	ID O - d -			editor to whom you owe the debt
INam	e, Number, Street, City, State and Z	IP Code		Check all schedule	es that apply:
3.1				☐ Schedule D, line	e
Nan	ne			☐ Schedule E/F, I	ine
				☐ Schedule G, line	e
Nun	nber Street			_	
City		State	ZIP Code		
3.2				☐ Schedule D, line	۵
Nan	ne			Schedule E/F, I	
				☐ Schedule G, lin	
Nun	nber Street			_	
City		State	ZIP Code		

E:11	in their information t	- :-l: f								
	in this information t									
Dei	otor 1	Tyrone R. A	len							
	otor 2 buse, if filing)									
Uni	ted States Bankrup	tcy Court for the	NORTHERN DISTRIC	CT OF ALABAMA						
	se number			_		Chec	k if this is:			
(If kr	nown)						ın amende			
									ing postpetitior following date	•
0	fficial Form	106I				N	/M / DD/ Y	YYY		
S	chedule I:	Your Inco	ome							12/15
sup spo atta	plying correct info use. If you are sep ch a separate shee	ormation. If you parated and you	sible. If two married peo are married and not fili r spouse is not filing w On the top of any additi	ng jointly, and your sith you, do not include	spouse is li de informa	ving with ion abou	you, inclu t your spo	ude info ouse. If r	rmation abou nore space is	t your needed,
1.	Fill in your emploinformation.	oyment		Debtor 1			Debtor 2	or non-	filing spouse	
	If you have more		Employment status	■ Employed			■ Emplo	oyed		
	attach a separate information about		Employment status	☐ Not employed	mployed			☐ Not employed		
	employers.		Occupation							
	Include part-time, self-employed wo		Employer's name	Self-Employed			Dept of	Defens	se/National (Guard
	Occupation may i or homemaker, if		Employer's address							
			How long employed t	here?			_			
Par	t 2: Give De	tails About Mor	thly Income							
	mate monthly incouse unless you are		ate you file this form. If	you have nothing to re	eport for any	line, write	e \$0 in the	space. I	nclude your no	on-filing
•	ou or your non-filing e space, attach a se	•	ore than one employer, co	ombine the information	n for all emp	loyers for	that perso	n on the	lines below. If	you need
						For De	btor 1		ebtor 2 or iling spouse	
2.			ry, and commissions (becalculate what the monthle		2.	S	0.00	\$	15,686.00	_
3.	Estimate and list	t monthly overti	me pay.		3. +	S	0.00	+\$	0.00	_

\$ 15,686.00

0.00

4. **Calculate gross Income.** Add line 2 + line 3.

0010.	r 1 _	Tyrone R. Allen		Case	e number (if known)		
				Fo	r Debtor 1		Debtor 2 or filing spouse
(Сору	/ line 4 here	4.	\$_	0.00	\$	15,686.00
ı	List a	all payroll deductions:					
Ę	ōа.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	3,195.00
Ę	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00
Ę	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00
Ę	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00
Ę	5е.	Insurance	5e.	\$	0.00	\$	1,022.00
Ę	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
Ę	5g.	Union dues	5g.	\$	0.00	\$	0.00
Ę	5h.	Other deductions. Specify:	_ 5h.+	- \$	0.00	+ \$	0.00
	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$	4,217.00
(Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$	11,469.00
\$	3b.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends	8a. 8b.	\$_ \$	1,608.00 0.00	\$	0.00
	Зс.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		· -		·	
,		settlement, and property settlement.	8c.	\$_	0.00	\$	0.00
	3d. 3e.	Unemployment compensation	8d. 8e.	\$_	0.00	\$	0.00
	Bf.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$_ \$	0.00	\$ \$	0.00
	3g.	Pension or retirement income	_ 8g.	\$-	0.00	\$	0.00
8	3h.	Other monthly income. Specify:	8h.+	· · -	0.00	· ·	0.00
			•	\$	1,608.00	\$	0.00
8	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		1,000.00		

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.

Specify:

11. +\$

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12.	\$	13,077.00
	Co	mbined

monthly income

0.00

13.	Do you expect an	increase or d	lecrease with	hin the ye	ar after you	file this form?
-----	------------------	---------------	---------------	------------	--------------	-----------------

INO.	
Yes. Explain:	

Fill	in this information to identify yo	our case:					
Deb	otor 1 Tyrone R. A	llen			Chec	k if this is:	
Deb	otor 2				_	An amended filing	ving postpetition chapter
	ouse, if filing)					13 expenses as of	
Unit	ed States Bankruptcy Court for the	: NORTH	HERN DISTRICT OF ALAB	AMA	ī	MM / DD / YYYY	
Cas	e number						
(If k	nown)						
\sim	fficial Form 106J				I		
	chedule J: Your	Evnor	1606				12/15
Be	as complete and accurate as ormation. If more space is ne mber (if known). Answer eve	possible eded, atta	. If two married people ar				r supplying correct
Par			···.				
1.	Is this a joint case?	iloid					
	■ No. Go to line 2. □ Yes. Does Debtor 2 live	in a separ	ate household?				
	□ No	-	ial Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debt	or 2.	
2.	Do you have dependents?	□ No	1000 2, <i>Expense</i>	Tor Coparato Frodo	77014 01 2001	O. 2.	
۷.	Do not list Debtor 1 and Debtor 2.	■ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state the		·				□ No
	dependents names.			Son		19	Yes
							□ No
							☐ Yes
							□ No □ Yes
							□ Yes
							☐ Yes
3.	Do your expenses include expenses of people other t yourself and your depende	han _	No Yes				_ ,
	t 2: Estimate Your Ongoi						
exp	imate your expenses as of your expenses as of a date after the oblicable date.						
Inc	lude expenses paid for with value of such assistance an	non-cash	government assistance i	f you know			
	ficial Form 106I.)	a nave in	ciuded it on S <i>criedule I: 1</i>	our income		Your expe	enses
4.	The rental or home owners payments and any rent for the			nclude first mortgage	e 4. \$		2,887.00
	If not included in line 4:						
	4a. Real estate taxes				4a. \$		0.00
	4b. Property, homeowner's				4b. \$		0.00
	4c. Home maintenance, re				4c. \$		95.00
_	4d. Homeowner's associa			ma aquitula aa	4d. \$		0.00
5.	Additional mortgage payme	ents for y	our residence, such as ho	me equity loans	5. \$		0.00

Tyrone I	R. Allen	Case num	ber (if known)	
ities:				
	, heat, natural gas	6a.	\$	406.00
	•			95.00
			· · · · · · · · · · · · · · · · · · ·	214.00
•	• • • • • • • • • • • • • • • • • • • •		·	0.00
	·		•	1,385.00
			·	235.00
			·	
•	•		·	215.00
			· ·	95.00
	•	11.	Ф	165.00
		12	\$	316.00
			·	0.00
			·	
	tributions and religious donations	14.	>	1,100.00
	acuranae deducted from your nay ar included in lines (or 20		
			¢	0.00
			·	0.00
				0.00
			· ·	387.00
			D	0.00
	nclude taxes deducted from your pay or included in line		¢	2.22
,		16.	5	0.00
		47-	c	0.00
			· ·	0.00
			· · · · · · · · · · · · · · · · · · ·	0.00
			*	0.00
	·		\$	0.00
			¢.	0.00
		u o oo.,.	· ·	
	s you make to support others who do not live with		\$	0.00
				0.00
			·	0.00
			·	0.00
			· -	0.00
			·	0.00
. Homeown	ner's association or condominium dues	20e.	\$	0.00
er: Specify:	NFS Individual Expenses	21.	+\$	3,200.00
ouloto ver	monthly expenses			
-			•	40 705 00
	· ·	I Farma 400 I O		10,795.00
		1 FORM 106J-2	5	
. Add line 22	a and 22b. The result is your monthly expenses.		\$	10,795.00
culate vour	monthly net income			
-		220	\$	13,077.00
. Copy you	i monuny expenses nom inte 220 above.	230.	-φ	10,795.00
Subtract	your monthly expenses from your monthly income			
		23c.	\$	2,282.00
you expect	an increase or decrease in your expenses within the output out expect to finish paying for your car loan within the year or decrease.	ne year after you file this to you expect your mortgage	s form? payment to increase	or decrease because of a
	terms of your mortgage?			
			•	
	ities: Electricity Water, se Telephon Other. Sp od and hous Idcare and of sonal care p dical and de insportation not include of ertainment, aritable con- urance. not include in the life insura the life ins	ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: dd and housekeeping supplies Idcare and children's education costs thing, laundry, and dry cleaning sonal care products and services dical and dental expenses nsportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and boaritable contributions and religious donations urance. not include insurance deducted from your pay or included in lines 4 include insurance Other insurance Health insurance Other insurance. Specify: Les. Do not include taxes deducted from your pay or included in lines cify: Les. Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Let of payments of allimony, maintenance, and support that you did lucted from your pay on line 5, Schedule I, Your Income (Offici let payments of allimony, maintenance, and support that you did lucted from your pay on line 5, Schedule I, Your Income (Offici let payments you make to support others who do not live with scify: Let real property expenses not included in lines 4 or 5 of this for Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues Let your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Add line 22a and 22b. The result is your monthly expenses. Culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	ities: Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: 6d. da and housekeeping supplies It clard and children's education costs thing, laundry, and dry cleaning sonal care products and services dical and dental expenses not include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations rot include insurance deducted from your pay or included in lines 4 or 20. Life insurance. 15a. Health insurance Vehicle insurance. Vehicle insurance. Sectify: 15d. 1	ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: dot and housekeeping supplies Ideare and children's education costs thing, laundry, and dry cleaning sonal care products and services Inting, laundry, and dry cleaning sonal care products and services Inting, laundry, and dry cleaning sonal care products and services Inting, laundry, and dry cleaning sonal care products and services Inting, laundry, and dry cleaning sonal care products and services Inting, laundry, and dry cleaning sonal care products and services Inting, laundry, and dry cleaning sonal care products and services Inting, laundry, and dry cleaning sonal care products and services Inting, laundry, and dry cleaning sonal care products and services Inting, laundry, and dry cleaning sonal care products and services Inting, laundry, and dry cleaning sonal care products and services Inting, laundry, and dry cleaning surface. Include insurance deducted from your pay or included in lines 4 or 20. Intil surface Intil surfac

Fill in t	nis information to identify you	r case:			
Debtor '	i yr ono iti zailon				
Dobtor '	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if		Middle Name	Last Name		
United S	States Bankruptcy Court for the:	NORTHERN DISTRIC	T OF ALABAMA		
Case nu	ımber				
(if known)				_	Check if this is an amended filing
	al Form 106Dec laration About	an Individua	l Debtor's Sch	nedules	12/15
obtainin	st file this form whenever you g money or property by fraud r both. 18 U.S.C. §§ 152, 1341,	in connection with a bar			
Die	d you pay or agree to pay som	oono who is NOT an atte	ornov to bolo you fill out bar	nkruntov forme?	
Die		eone who is NOT an atto	orney to neip you fill out bar	nkruptcy forms?	
	No				
	Yes. Name of person			Attach Bankruptcy Peti Declaration, and Signat	•
	der penalty of perjury, I declare t they are true and correct.	e that I have read the sur	mmary and schedules filed	with this declaration and	
Х	/s/ Tyrone R. Allen		Х		
- •	Tyrone R. Allen Signature of Debtor 1		Signature of De	ebtor 2	
	Date February 26, 2024		Date		

Fil	I in this inforn	nation to identify you	r case:									
De	ebtor 1	Tyrone R. Allen										
		First Name	Middle Name	Last Name								
1 '	ebtor 2 ouse if, filing)	First Name	Middle Name	Last Name								
Ur	nited States Bar	nkruptcy Court for the:	NORTHERN DISTRICT (OF ALABAMA								
Ca	ase number											
(if F	known)					Check if this is an mended filing						
0	fficial Fo	rm 107										
St	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	04/22						
					equally responsible for sup y additional pages, write you							
nui	mber (if knowr	n). Answer every que	stion.									
Pa	rt 1: Give D	etails About Your Ma	arital Status and Where You	Lived Before								
1.	What is you	r current marital statu	ıs?									
	■ Married□ Not mar	ried										
2.	During the la	puring the last 3 years, have you lived anywhere other than where you live now?										
	_	_										
	■ No☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.											
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there						
3. sta					ity property state or territory							
	■ Na				•							
	■ No □ Yes. Ma	ake sure you fill out <i>Scl</i>	hedule H: Your Codebtors (O	fficial Form 106H).								
			·	ŕ								
Pa	rt 2 Explai	n the Sources of You	rincome									
4.	Fill in the tota	al amount of income yo	nployment or from operating ureceived from all jobs and a have income that you receive	all businesses, including part		ndar years?						
	□ No											
		in the details.										
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income						
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)						
		of current year until d for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips							
			☐ Operating a business		☐ Operating a business							

Debtor 1 Tyrone R. Allen				Case number (if known)								
					Debtor 1					Debtor 2		
					Sources of Check all th		(bef	ess income fore deductions lusions)	and	Sources of inc Check all that a		Gross income (before deductions and exclusions)
			■ Wages, bonuses, tip	commissions,		\$5,30	0.00	☐ Wages, com bonuses, tips	missions,			
					☐ Operatin	g a business				☐ Operating a	business	
			dar year be December		■ Wages, bonuses, tip	commissions,		\$128,65	8.00	☐ Wages, com bonuses, tips	missions,	
					☐ Operatin	g a business				☐ Operating a	business	
					ase and you have income that you received together, list it only once under Debtor 1.							
					Debtor 1					Debter 2		
					Sources of Describe be		eac (bef	ess income fro h source fore deductions lusions)		Sources of inc Describe below.		Gross income (before deductions and exclusions)
Pari	t 3:	List	Certain Pa	yments You	Made Before	You Filed for	Bankru	uptcy				
6.	_	No.	During the No. Yes	90 days beform Go to line 7 List below expaid that crunot include to adjustment or Debtor 2 or 90 days beform Go to line 7 List below expaid that crunot include to adjustment or Debtor 2 or 90 days beform Go to line 7 List below expanding the pay	personal, far personal, far personal, far personal, far personal, far personal, far personal	nily, or household or bankruptcy, did to whom you paid include paymer an attorney for the land every 3 years or bankruptcy, did to whom you paid nestic support of	d you p d a tota d tota for conis ban s after to d you p d d a tota	ebts. Consume ose." pay any creditor of the consumer of the c	r a total more in ort obliga iled on c r a total ore and	of \$7,575* or more pay tions, such as cher after the date of \$600 or more?	re? rments and the support a fadjustment.	
				·		,						
	Creditor's Name and Address				Dates of payme	nt	Total amo p	unt aid	Amount you still owe	Was this p	ayment for	

7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. It alimony.	artners; re control,	elatives of any ger or owner of 20% o	neral partners; partners or more of their voting	erships of what securities;	nich you are a genera and any managing a	al partner; corporations gent, including one fo				
	■ No										
	☐ Yes. List all payments to an insider.										
	Insider's Name and Address	Dates	of payment	Total amount paid	Amount still	•	this payment				
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.										
	■ No□ Yes. List all payments to an insider										
	Insider's Name and Address	Dates	of payment	Total amount paid	Amount still	•	this payment itor's name				
Pai	rt 4: Identify Legal Actions, Repossessio	ns. and F	oreclosures								
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.										
	■ No □ Yes. Fill in the details.										
	Case title Case number	Nature	e of the case	Court or agency		Status of th	e case				
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.										
	No. Go to line 11.Yes. Fill in the information below.										
	Creditor Name and Address		be the Property			Date	Value of the property				
		Expiai	n what happened	1							
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No										
	☐ Yes. Fill in the details.										
	Creditor Name and Address	Descri	be the action the	creditor took		Date action was taken	Amount				
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?										
	■ No										
	☐ Yes										
Pa	rt 5: List Certain Gifts and Contributions										
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?										
	No										
	Yes. Fill in the details for each gift. Gifts with a total value of more than \$600					Dates you gave the gifts	Value				
	Person to Whom You Gave the Gift and					uie yiits					

Debtor 1 **Tyrone R. Allen**

Deb	tor 1	Tyrone R. Allen			Case number	(if known)						
	■ N	- 100										
		es. Fill in the details for each gift or c										
	more Chari	or contributions to charities that than \$600 ty's Name SSS (Number, Street, City, State and ZIP Code		Describe what you contributed		Dates you contributed	Value					
Part	6:	List Certain Losses										
	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster or gambling?											
	■ N	0										
	□ Y	es. Fill in the details.										
		ribe the property you lost and	Describ	be any insurance coverage for the l	oss	Date of your	Value of property					
	how t	he loss occurred		the amount that insurance has paid. I ce claims on line 33 of Schedule A/B:		loss	lost					
Part	7: I	List Certain Payments or Transfers	s									
	Within 1 year before you filed for bankruptcy, or consulted about seeking bankruptcy or prepare Include any attorneys, bankruptcy petition prepare No Yes. Fill in the details. Person Who Was Paid Address				·	Date payment or transfer was	Amount of payment					
	Email or website address Person Who Made the Payment, if Not You				made							
	CFEFA 3425 5th Avenue South Birmingham, AL 35222			Credit Counseling	2/26/2024	\$35.00						
	promis Do not ■ N	sed to help you deal with your cre- include any payment or transfer that	ditors or	d you or anyone else acting on you to make payments to your creditor ed on line 16.		r transfer any prope	rty to anyone who					
	Perso Addre	on Who Was Paid ess		Description and value of any prop transferred	erty	Date payment or transfer was	Amount of payment					
						made						
,	transfe Include include	erred in the ordinary course of you e both outright transfers and transfers e gifts and transfers that you have alr	ur busine s made a	as security (such as the granting of a s								
	■ No □ Yes. Fill in the details.											
		on Who Received Transfer		Description and value of property transferred	payments	any property or received or debts	Date transfer was made					
	Perso	on's relationship to you			paid in ex	cnange						

Debtor 1 Tyrone R. Allen Case number (if known)

19.	beneficiary? (These are often called asset-protection devices.) No										
	Yes. Fill in the details.										
	Name of trust	Description and v	alue of the pro	operty tran	sferred	Date Transfer was made					
Par	List of Certain Financial Accounts, Inst	truments, Safe Deposit	Boxes, and S	storage Uni	its						
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No	r other financial accou	nts; certificate	s of depos							
	Yes. Fill in the details.										
		Last 4 digits of account number	• • • • • • • • • • • • • • • • • • • •		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer					
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?										
	■ No □ Yes. Fill in the details.										
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?					
22.											
	■ No □ Yes. Fill in the details.										
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	e the contents	Do you still have it?					
Par	t 9: Identify Property You Hold or Control f	or Someone Else									
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.										
	■ No □ Yes. Fill in the details.										
	Owner's Name Address (Number, Street, City, State and ZIP Code)		(Number, Street, City, State and ZIP		the property	Value					
Par	t 10: Give Details About Environmental Info	rmation									
For	the purpose of Part 10, the following definition	ns apply:									
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.										
	Site means any location, facility, or property to own, operate, or utilize it, including dispos	•	environmental	law, whetl	her you now own, operate	, or utilize it or used					
	Hazardous material means anything an envir hazardous material, pollutant, contaminant, o		as a hazardou	s waste, ha	azardous substance, toxi	c substance,					

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Tyrone R. Allen Case number (if known)

24.	Has	any governmental unit notified you that	you may be liable or potentially liab	le un	nder or in violation of an environme	ntal law?
		No Yes. Fill in the details.				
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State & ZIP Code)	and	Environmental law, if you know it	Date of notice
25.	Hav	e you notified any governmental unit of a	ny release of hazardous material?			
		No Yes. Fill in the details.				
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State & ZIP Code)	and	Environmental law, if you know it	Date of notice
26.	Hav	re you been a party in any judicial or admi	inistrative proceeding under any en	viron	nmental law? Include settlements a	nd orders.
		No Yes. Fill in the details.				
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case
Par	t 11:	Give Details About Your Business or C	onnections to Any Business			
27.	Wit	hin 4 years before you filed for bankrupto	•	•	,	business?
		☐ A sole proprietor or self-employed in☐ A member of a limited liability compa		-	•	
		☐ A partner in a partnership	iny (LLC) or infinited hability partiters	siiib ((LLF)	
		☐ An officer, director, or managing exe	cutive of a corporation			
		☐ An owner of at least 5% of the voting	-	n		
	_	_				
	_	No. None of the above applies. Go to Pa Yes. Check all that apply above and fill i		cc		
			Describe the nature of the business		Employer Identification number	
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security r Dates business existed	number or ITIN.
28.		hin 2 years before you filed for bankruptc itutions, creditors, or other parties.	y, did you give a financial statemen	t to a	anyone about your business? Inclu	de all financial
		No Yes. Fill in the details below.				
		me dress mber, Street, City, State and ZIP Code)	Date Issued			

Deptor 1 I yrone R. Allen	Case number (if known)
Part 12: Sign Below	
are true and correct. I understand that making a fal-	ocial Affairs and any attachments, and I declare under penalty of perjury that the answers lise statement, concealing property, or obtaining money or property by fraud in connection 50,000, or imprisonment for up to 20 years, or both.
/s/ Tyrone R. Allen	
Tyrone R. Allen Signature of Debtor 1	Signature of Debtor 2
Date February 26, 2024	Date
Did you attach additional pages to <i>Your Statement</i> ■ No □ Yes	of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is not ar ■ No	n attorney to help you fill out bankruptcy forms?
☐ Yes. Name of Person Attach the Bankruptc	cy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this inform	nation to identify your case:
Debtor 1	Tyrone R. Allen
Debtor 2 (Spouse, if filing)	
United States B	sankruptcy Court for the: Northern District of Alabama
Case number (if known)	

Check	as directed in lines 17 and 21:
	ording to the calculations required by this ement:
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
	3. The commitment period is 3 years.
	4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 15,686.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 3,250.00 Gross receipts (before all deductions) 1,875.00 Ordinary and necessary operating expenses Copy Net monthly income from a business. 1,375.00 here -> \$ 1,375.00 0.00 \$ profession, or farm Debtor 1 6. Net income from rental and other real property 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

1. Interest, dividends, and royalties 8. Unemployment compensation 1. Do not either the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse 9. Pension or retirement income. Do not include any amount received that a benefit under the Social Security Act. Also, except as stated in the next sentence, do United Bates Government in connection with a disability, combat-reliated injury or disability, or death of a member of the uniformed services. If you received may retired pay paid under chapter 51 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify he source and amount. Do not include any benefits received any entitle pays and indeed the provision of title 10 other than chapter 61 of that title. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Calculate your total average monthly income from line 11. 13. Calculate your total average monthly income from line 11. 14. Your current monthly income sources but islaiding to the sources support of someone other than you or your dependents, such as payment of the spouses but islaiding to the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 16. Calculate your current monthly income for the year. Fo					Column A Debtor 1		Column B Debtor 2	or	
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act, Instead, list it here: For you spouse \$ 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except less stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combet reflect injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 6 of the 10, then include that pay only to the obstent that it does not exceed the amount of retired pay to which you would otherwise be entitled to the connection with a disability, combet retired injury or disability, or death of a member of the uniformed services. If you received any entitled to the pay only to the pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled to the pay only to the pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled. So 0.00 \$ 0.00 Income from all other secures not listed above. Specify the source and amount. Do not include any benefits received as a settlem of a war circums, a crite against humanity, or informational or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combet retired injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. S 0.00 \$ 0.00 Total amounts from separate pages, if any. 10. Calculate type marital adjustment. Check one: S 17,061.00 You are married and your spouse is filling with you. Fill in 0 below. You are married and your spouse is filling with you. Fill in 0 below. S 17,061.00 If it he amount of the income listed in line 11, Column 8,	7.	Interest, dividends, and royalties			\$	0.00	\$	0.00	
the Social Security Act. Instead, list it here: For you For your spouse \$ 0.00 For your spouse \$ 0.00 For your spouse \$ 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annulty, or allowance paid by the United States Government in connection with a disability, combar-feited injury or disability, or death of a member of the uniformed services. If you received any retired day paid under chapter 6 of the 10th eff the pay to which you would otherwise be entitled if retired under chapter 6 of the 10th eff the not hapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act, payments received as a vicinity of a war crine, a crine against humanity, or international received as a vicinity of a war crine, a crine against humanity, or international received as a vicinity of a war crine, a crine against humanity, or international received as a vicinity of a war crine, a crine against humanity, or international received as a vicinity of a war crine, a crine against humanity, or international received as a vicinity of a war crine, a crine against humanity, or international received as a vicinity of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 10.00 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the lotal for Column A to the total for Column B. 12. Copy your total average monthly income from line 11. 13. Calculate the married and your spouse is filling with you. Fill in 0 below. 14. You are married and your spouse is filling with you. Fill in 0 below. 15. Calculate your current monthly income. Subtract line 11, from line 12. 16. Calculate your current monthly income. Subtract line 13 from line 12. 17.061.00		· · · · · · · · · · · · · · · · · · ·			\$	0.00	\$	0.00	
Persist or retirement income. Do not include any around received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount or ferried pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10 Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act. payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 2 0.00 \$ 0.00 12. Copy your total average monthly income from line 11. 3 17,061.00 13. Calculate the marital adjustment. Check one: 2 You are not married. Fill in 0 below. 3 17,061.00 14. Your current monthly income single with you. 4 10 10 10 10 10 10 10 10 10 10 10 10 10			unt received was a be	nefit under					
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, on to include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10, then include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Capy your total average monthly income from line 11. 13. Calculate war experiment and your spouse is filling with you. Fill in 0 below. 12. You are married and your spouse is filling with you. Fill in 0 below. 13. You are married and your spouse is filling with you. 14. Your current monthly income such the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this		For you	\$	0.00					
benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pearsion, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled at the control of the c		For your spouse	\$	0.00					
Do not include any benefits received a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related nijury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Sources on a separate page and put the total below.	9.	Pension or retirement income. Do not include any benefit under the Social Security Act. Also, except as not include any compensation, pension, pay, annuity United States Government in connection with a disal disability, or death of a member of the uniformed ser pay paid under chapter 61 of title 10, then include the does not exceed the amount of retired pay to which the service of the service	amount received that is stated in the next serv, or allowance paid by bility, combat-related in vices. If you received a at pay only to the exteryou would otherwise be	ntence, do the njury or any retired nt that it	\$	0.00	\$	0.00	
Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 11.375.00	10.	Income from all other sources not listed above. Do not include any benefits received under the Social received as a victim of a war crime, a crime against I domestic terrorism; or compensation, pension, pay, United States Government in connection with a disal disability, or death of a member of the uniformed ser	Specify the source and al Security Act; paymen humanity, or internation annuity, or allowance polity, combat-related in vices. If necessary, lis	nts nal or paid by the njury or					
Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps:					\$	0.00	\$	0.00	
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 1,375.00					\$	0.00	\$	0.00	
Part 2: Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filling with you. Fill in 10 below. You are married and your spouse is not filling with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Your current monthly income. Subtract line 13 from line 12. \$ 0.00 Copy here=> - 0.00		Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ \$ Total \$ 0.00 Copy here⇒ - 0.00 \$ 17,061.00		each column. Then add the total for Column A to the	total for Column B.	\$	1,375.00	+ \$	15,686.00	Tota	l average
13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ \$ Total \$ 0.00 Copy here⇒ - 0.00 \$ 17,061.00	12.	Copy your total average monthly income from lin	e 11.					\$ 1	7,061.00
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You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ \$ Total \$ 0.00 Copy here=> - 0.00 \$ 17,061.00		_							
Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total Total \$ 0.00 Copy here=> - 0.00 \$ 17,061.00		You are married and your spouse is filing with y	ou. Fill in 0 below.						
Total \$ 0.00 Copy here=> - 0.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps:		Fill in the amount of the income listed in line 11 dependents, such as payment of the spouse's t Below, specify the basis for excluding this incor adjustments on a separate page.	, Column B, that was N ax liability or the spous me and the amount of	se's suppor	t of someor	ne other t	han you or yo	ur depende	nts.
Total \$ 0.00 Copy here=> - 0.00 14. Your current monthly income. Subtract line 13 from line 12. \$ 17,061.00 15. Calculate your current monthly income for the year. Follow these steps:				\$					
Total \$ 0.00 Copy here=> - 0.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps:				\$					
14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 16. Capyline 14 berger.				+\$					
15. Calculate your current monthly income for the year. Follow these steps: 15. Capyline 14 berger. \$\frac{17,061.00}{2}\$		Total		\$	0.0	00 0	copy here=>		0.00
15a Copy line 14 hors=> \$ 17,061.00	14.	Your current monthly income. Subtract line 13 fr	rom line 12.					\$1	7,061.00
	15.	15a Copy line 14 hore—>	,					_{\$} 1	7,061.00

Debtor 1		yrone R. Allen		Case number (if known)	
		Multiply line 15a by 12 (the number of months in a	year).		x 12
	15b.	The result is your current monthly income for the y	ear for this part of the form.		\$204,732.00
16. C	alcul	ate the median family income that applies to yo	u. Follow these steps:		
1	6a. Fi	Il in the state in which you live.	AL		
1	6b. Fi	Il in the number of people in your household.	4		
1	To	Il in the median family income for your state and size of find a list of applicable median income amounts, gestructions for this form. This list may also be availal	go online using the link specif		\$90,642.00
17. F	low d	o the lines compare?			
1	7a.	☐ Line 15b is less than or equal to line 16c. On 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO	the top of page 1 of this form T fill out Calculation of Your I	ı, check box 1, <i>Disposable income</i> <i>Disposable Income</i> (Official Form	e is not determined under 122C-2).
1	7b.	■ Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcular your current monthly income from line 14 about	ntion of Your Disposable Inc		
Part 3	:	Calculate Your Commitment Period Under 11 U.	S.C. § 1325(b)(4)		
18. C	ору у	our total average monthly income from line 11	·		\$ 17,061.00
c s	onten pouse	t the marital adjustment if it applies. If you are med that calculating the commitment period under 11 s'is income, copy the amount from line 13. the marital adjustment does not apply, fill in 0 on line 13.	U.S.C. § 1325(b)(4) allows yo		\$0.00
1	9b. S ı	ubtract line 19a from line 18.			\$17,061.00
20. C	alcul	ate your current monthly income for the year. F	ollow these steps:		
2	0a. C	opy line 19b			\$17,061.00
	М	ultiply by 12 (the number of months in a year).			x 12
2	0b. Ti	ne result is your current monthly income for the yea	r for this part of the form		\$204,732.00
2	0c. C	opy the median family income for your state and size	ze of household from line 16c	>	\$90,642.00
2	1. H	ow do the lines compare?			
		Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	ordered by the court, on the	top of page 1 of this form, check t	box 3, The commitment
		Line 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.	ss otherwise ordered by the o	court, on the top of page 1 of this t	form, check box 4, The
Part 4	:	Sign Below			
Е	By sign	ning here, under penalty of perjury I declare that the	information on this statemer	nt and in any attachments is true a	and correct.
		yrone R. Allen			
		ne R. Allen ture of Debtor 1			
	-	February 26, 2024			
	1	MM / DD / YYYY			
		checked 17a, do NOT fill out or file Form 122C-2.			
If	you c	hecked 17b, fill out Form 122C-2 and file it with this	s form. On line 39 of that form	n, copy your current monthly incor	me from line 14 above.

Debtor 1	Tyrone R. Allen	Case number (if known)	
	· / · · · · · · · · · · · · · · · · · · ·	,	

Fill in	this information to i	dentify you	case:										
Debto	r 1 Tyrone R.	Allen											
Debto (Spou	r 2 se, if filing)												
United	d States Bankruptcy Co	ourt for the:	Northern Dis	strict of Alaba	ama								
Case (if kno	number own)							☐ Che	eck if th	s is an a	amended	d filing	
	ıpter 13 Cald	ulatio	n of You	ur Disp	osable l	Inc	ome					04/2	2
	out this form, you wi nitment Period (Officia			opy of <i>Chap</i>	oter 13 Statem	nent c	of Your Cu	rrent Monti	hly Inco	me and (Calculatio	on of	
space	complete and accura is needed, attach a s onal pages, write you	eparate she	et to this for	m, Include tl	he line numbe								
Part 1	: Calculate Your	Deductions	from Your I	ncome									
the info	e Internal Revenue Se questions in lines 6- ormation may also be	15. To find to available a	he IRS stand t the bankrup	dards, go on otcy clerk's o	lline using the office.	e link	specified i	n the sepa	rate inst	ructions	for this	form. This	
exp	duct the expense amore senses if they are higher 2C-1, and do not dedu	er than the s	andards. Do	not include a	ny operating e	xpens	ses that you	u subtracted	I from inc	ome in li			
If yo	our expenses differ fro	m month to r	nonth, enter t	he average e	expense.								
Not	e: Line numbers 1-4 a	re not used i	n this form. T	hese number	rs apply to info	rmatic	on required	by a similar	r form us	ed in cha	apter 7 ca	ses.	
5.	The number of peo	ple used in	determining	your deduct	tions from inc	ome							
	Fill in the number of plus the number of a the number of people	ny additiona	dependents							4			
Nat	tional Standards	You mu	st use the IR	S National St	tandards to ans	swer t	the question	ns in lines 6	-7.				
6.	Food, clothing, and Standards, fill in the		•	•		ed in I	line 5 and th	ne IRS Natio	onal	\$		1,993.00	
7.	Out-of-pocket healt the dollar amount for people who are 65 o higher than this IRS	r out-of-pock r olderbeca	et health care use older ped	. The numbe ople have a h	er of people is s nigher IRS allow	split in wance	nto two cate e for health	goriespeo	ple who	are unde	r 65 and		

Сору

here=>

1,358.00

Peopl	e who are under	65 years of age							
7	a. Out-of-pocke	t health care allowance per person	\$	79					
7	b. Number of pe	eople who are under 65	X	4					
7	c. Subtotal. Mu	ltiply line 7a by line 7b.	\$_	316.00		Copy here=	> \$	316.00	
Peopl	e who are 65 yea	ars of age or older							
7	d. Out-of-pocke	t health care allowance per person	\$	154					
7	e. Number of pe	eople who are 65 or older	X	0					
7	f. Subtotal. Mul	tiply line 7d by line 7e.	\$	0.00		Copy here=	:> \$	0.00	
7	g. Total. Add lir	ne 7c and line 7f			\$	316.00		Copy total here=>	\$316.00
To an separ 8.	using and utilitions wer the question ate instructions lousing and utili	es - Insurance and operating expenses - Mortgage or rent expenses ons in lines 8-9, use the U.S. Trustofor this form. This chart may also lities - Insurance and operating exp	ee Prog be avail enses:	lable at the b Using the nu	ankrup mber of	tcy clerk's of	fice.	•	specified in the
		nt listed for your county for insurance ties - Mortgage or rent expenses:	and op	erating exper	ises.			Ψ_	
-	a. Using the nur	mber of people you entered in line 5, r county for mortgage or rent expense		e dollar amou	nt		\$	1,358.00	
9	b. Total average	e monthly payment for all mortgages	and oth	er debts secu	red by y	our home.			
	contractually	the total average monthly payment, a due to each secured creditor in the 6 y. Next divide by 60.	dd all a 0 month	mounts that a	are le				
	Name of the	creditor		Average mo	nthly				
	-NONE-			\$					
		9b. Total average monthly payme	nt	\$	0.00	Copy here=>	-\$	0.00	Repeat this amount on line 33a.

Explain why: _

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

or rent expense). If this number is less than \$0, enter \$0.

1,358.00

0.00

btor 1	Tyrone R. Allen			Case number	(if known)		
11.	Local transportation expenses: Check the number of vehic	cles for whi	ch you claim a	an ownersl	hip or operating	j expense.	
	□ 0. Go to line 14.						
	☐ 1. Go to line 12.						
	■ 2 or more. Go to line 12.						
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for						484.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.						
Vel	Describe Vehicle 1: 2021 Genesis GVA						
13a.	Ownership or leasing costs using IRS Local Standard			\$	629.00		
13b.	Average monthly payment for all debts secured by Vehicle 1	_					
.00.	Do not include costs for leased vehicles.						
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 month bankruptcy. Then divide by 60.			t			
	Name of each creditor for Vehicle 1	Average payment	monthly				
	Cadence Bank	\$	792.00				
				7			
	Total Average Monthly Payment	\$	792.00	Copy here =>	-\$	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense			_		Copy net	
	Subtract line 13b from line 13a. if this number is less than \$0	, enter \$0.		\$	0.00	Vehicle 1 expense here => \$ _	0.00
Vel	hicle 2 Describe Vehicle 2: 2020 Truimph Rocket 3	3				_	
13d.	Ownership or leasing costs using IRS Local Standard			\$	629.00		
13e.	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.	. Do not inc	clude costs for				
	Name of each creditor for Vehicle 2	Average payment	monthly				
	Freedom Road Financial	\$	225.40				
	Total average monthly payment	\$	225.40	Copy here => -\$ _	225.4	Repeat this amount on line 33c.	
10f	Net Vehicle 2 ownership or lease expense					Copy net	
131.	Subtract line 13e from line 13d. if this number is less than \$0	enter \$0				Vehicle 2	
	Cabitate into 100 non into 100. Il tillo noniber io 1000 than \$40	, criter yo.		\$	403.60	expense here => \$ _	403.60
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of vehicles.					n the \$	0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in whost claim more than the IRS Local Standard for <i>Public Trans</i>	hat you be					0.00

Debtor 1

Oth	er Necessary Expenses	In addition to the expense the following IRS category		ons listed above	, you are allowed your monthly exper	nses for	
16.	self-employment taxes, so your pay for these taxes. Hand subtract that number f	cial security taxes, and Me lowever, if you expect to r rom the total monthly amo	edicare tax eceive a ta	es. You may ind ix refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld froust divide the expected refund by 12 for taxes.		3,195.00
	Do not include real estate,	•				Ф	3,133.00
17.	Involuntary deductions: contributions, union dues, Do not include amounts the	and uniform costs.			quires, such as retirement 1(k) contributions or payroll savings.	\$	0.00
18.		, , , ,	•	•	e insurance. If two married people ar		
	filing together, include pay	ments that you make for y or life insurance on your d	our spous	e's term life insu			0.00
19.	Court-ordered payments				by the order of a court or		
	administrative agency, suc				You will list these obligations in line 3	5 \$	0.00
20	Education: The total month				· ·	ο. Ψ_	
20.	as a condition for your j		or education	on that is either i	required.		
			dent child it	f no public educ	ation is available for similar services.	\$	0.00
21.					sitting, daycare, nursery, and prescho		
	Do not include payments for			•		\$	0.00
22.		Ith and welfare of you or y	our depen	dents and that is	amount that you pay for health care is not reimbursed by insurance or paid all entered in line 7.	d	
	Payments for health insura	ance or health savings acc	counts sho	uld be listed only	y in line 25.	\$	0.00
	for you and your depender phone service, to the exter income, if it is not reimburs Do not include payments for	nts, such as pagers, call want necessary for your healted by your employer. by basic home telephone,	raiting, calleth and welf	er identification, are or that of you	you pay for telecommunication services pecial long distance, or business cour dependents or for the production or the production of the pr	ell of	0.00
				- · · , · · · · · · · · · · · · · · · ·	,	_	
24.	Add all of the expenses a Add lines 6 through 23.	allowed under the IRS ex	kpense all	owances.		\$	8,639.60
Add	itional Expense Deduction	ns These are additional Note: Do not include:			ne Means Test. s listed in lines 6-24.		
25.					ses. The monthly expenses for healing the second sec		
	Health insurance		\$	1,022.00			
	Disability insurance		\$	0.00			
	Health savings account		+ \$	0.00	_		
	Total		\$	1,022.00	Copy total here=>	\$	1,022.00
	Do you actually spend this No. How much do	total amount? you actually spend?			_		
	Yes		\$				
26.	continue to pay for the reas	sonable and necessary ca	are and sup	port of an elder	e actual monthly expenses that you ly, chronically ill, or disabled membe uch expenses. These expenses may	r of	
	include contributions to an					\$	0.00
27.					nses that you incur to maintain the es Act or other federal laws that appl	y.	
	By law, the court must kee	p the nature of these expe	enses conf	idential.		\$	0.00

Debtor 1 Tyrone R. Allen

28.	Tyrone R. Allen	Case number (if known)		
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance and operating expenses on		
	If you believe that you have home energy of 8, then fill in the excess amount of home er	osts that are more than the home energy costs included in expenses on linergy costs	е	
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show that the additional ary.	\$	0.00
	Education expenses for dependent child \$189.58* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The monthly expenses (not more than ependent children who are younger than 18 years old to attend a private or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why the amount not already accounted for in lines 6-23.		
	* Subject to adjustment on 4/01/25, and eve	ery 3 years after that for cases begun on or after the date of adjustment.	\$	0.00
		he monthly amount by which your actual food and clothing expenses are allowances in the IRS National Standards. That amount cannot be more s in the IRS National Standards.		
		ional allowance, go online using the link specified in the separate so be available at the bankruptcy clerk's office.		
	You must show that the additional amount	claimed is reasonable and necessary.	\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organizations.	e amount that you will continue to contribute in the form of cash or financial inization. 11 U.S.C. § 548(d)(3) and (4).		
	Do not include any amount more than 15%	of your gross monthly income.	\$	1,100.00
	Add all of the additional expense deduct Add lines 25 through 31.	tions.	\$_	2,122.00
Ded	uctions for Debt Payment			
		in property that you own, including home mortgages, vehicle		
	oans, and other secured debt, fill in lines	33a through 33e.		
Т	pans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contractually due to each secured		
Т	o calculate the total average monthly paym	ent, add all amounts that are contractually due to each secured		rage monthly
T C	To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.		ment
C	To calculate the total average monthly paymereditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.	pay	•
7 0 33a.	To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.	pay	0.00
33a. 33b.	To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.	\$	792.00
33a. 33b. 33c.	To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.	\$	0.00
33a. 33b. 33c. 33d.	To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.	\$	0.00 792.00
33a. 33b. 33c. 33d.	To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => Identify property that secures the debt Does payment include taxes	\$	792.00
33a. 33b. 33c. 33d.	To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => Identify property that secures the debt Does payment include taxes or insurance?	\$	792.00
33a. 33b. 33c. 33d.	To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => Identify property that secures the debt Does payment include taxes or insurance? No Yes	\$_ \$_ \$_	792.00
33a. 33b. 33c. 33d.	To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => Identify property that secures the debt Does payment include taxes or insurance? No Yes No	\$_ \$_ \$_	792.00
33a. 33b. 33c. 33d.	To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => Identify property that secures the debt Does payment include taxes or insurance? No Yes	\$_ \$_ \$_	792.00
33a. 33b. 33c. 33d.	To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => Identify property that secures the debt Does payment include taxes or insurance? No Yes No	\$ _ \$ _ \$ _	792.00
33a. 33b. 33c. 33d.	To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => Identify property that secures the debt Does payment include taxes or insurance? No Yes No Yes	\$ _ \$ _ \$ _	792.00
33a. 33b. 33c. 33d.	To calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60. => Identify property that secures the debt Does payment include taxes or insurance? No Yes No Yes	pay \$ \$ \$ \$ \$ \$	792.00

Copy line 24, All of the expenses allowed under IRS expense allowances	\$	8,639.60
Copy line 32, All of the additional expense deductions	\$	2,122.00
Copy line 37, All of the deductions for debt payment	+\$	1,017.40
Total deductions	\$	11,779.00

11.779.00

Copy total here=>

Part 2: Det	termine Your	Disposable Income Under 11 U.S.C. § 13	25(b)(2)				
		ent monthly income from line 14 of Form 1 urrent Monthly Income and Calculation of				\$	17,061.00
children disability received	. The monthly payments for in accordance	y necessary income you receive for suppor a average of any child support payments, fost a dependent child, reported in Part I of Forn e with applicable nonbankruptcy law to the ended for such child.	ter care payment n 122C-1, that yo	ts, or ou	\$0.	.00	
employeı in 11 U.S	r withheld fror	rirement deductions. The monthly total of a mages as contributions for qualified retirem 7) plus all required repayments of loans from § 362(b)(19).	nent plans, as sp	ecified	\$0.	.00	
42. Total of	all deduction	s allowed under 11 U.S.C. § 707(b)(2)(A).	Copy line 38 her	e=>	\$11,779.	.00_	
expenses their exp	s and you havenses. You m	I circumstances. If special circumstances jude no reasonable alternative, describe the splant give your case trustee a detailed explana cumentation for the expenses.	ecial circumstan				
Describe the	e special circ	cumstances	Amount o	of exper	nse		
			\$				
			\$				
			* \$				
					 1		
		Total	\$	0.00	Copy here=> \$	0.00	
44. Total ad	justments. A	dd lines 40 through 43.		=> \$	11,779.00	Copy here=> -\$	11,779.00
45. Calculat	45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.						
art 3: Ch	ange in Inco	me or Expenses					
46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.							
Form	Line	Reason for change	Date of o	change	Increase or decrease?	Amount of char	ge
☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 ☐ 122C-2					☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease	\$ \$	
☐ 122C-1 ☐ 122C-2					☐ Increase ☐ Decrease	\$	

Tyrone R. Allen

Debtor 1

Part 4:	Sign Below
	By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.
*	/s/ Tyrone R. Allen Tyrone R. Allen Signature of Debtor 1
Date	February 26, 2024 MM / DD / YYYY

Tyrone R. Allen

Debtor 1

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter	7 :	Liquidation
\$	245	filing fee
	\$78	administrative fee
<u>+</u>	\$15	trustee surcharge
9	338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Northern District of Alabama

In re	Tyrone R. Allen		Case N	0.	
		Debtor(s)	Chapte	r 13	
	DISCLOSURE OF COMPE	ENSATION OF ATTO	RNEY FOR	DEBTOR(S)	
С	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filtiple rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy	, or agreed to be p	aid to me, for services	
	For legal services, I have agreed to accept		 \$	4,500.00	
	Prior to the filing of this statement I have received	<u> </u>	\$	965.00	
	Balance Due		\$	3,535.00	
2. \$	0.00 of the filing fee has been paid.				
3. Т	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. Т	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. I	■ I have not agreed to share the above-disclosed com	pensation with any other person	unless they are m	embers and associates	s of my law firm.
I	☐ I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the na				y law firm. A
6. I	In return for the above-disclosed fee, I have agreed to	render legal service for all aspec	ts of the bankrupto	y case, including:	
b c d	Analysis of the debtor's financial situation, and rend Department of the debtor at the meeting of credit Representation of the debtor at the meeting of credit Representation of the debtor in adversary proceedings. [Other provisions as needed]	atement of affairs and plan which	h may be required; nd any adjourned l	-	inkruptcy;
7. E	By agreement with the debtor(s), the above-disclosed for	ee does not include the following	g service:		
		CERTIFICATION			
	certify that the foregoing is a complete statement of a ankruptcy proceeding.	ny agreement or arrangement fo	r payment to me fo	or representation of th	e debtor(s) in
Fe	ebruary 26, 2024	/s/ Joe S. Erdber	g		
D_{ℓ}	ate	Joe S. Erdberg			
		Signature of Attorn Jaffe & Erdberg	ey		
		Land Title Buildi			
		600 20th Street N Birmingham, AL	•		
		205-323-4500 Fa		7	
		Name of law firm			

United States Bankruptcy Court Northern District of Alabama

In re	Tyrone R. Allen		Case No.	
		Debtor(s)	Chapter	13
	VER	IFICATION OF CREDITOR	MATRIX	
Γhe ab	ove-named Debtor hereby verifies	that the attached list of creditors is true and c	orrect to the best	of his/her knowledge.
Date:	February 26, 2024	/s/ Tyrone R. Allen		
		Tyrone R. Allen		
		Signature of Debtor		

Big Rig Lending 220 S Hamilton St Dalton, GA 30720 Capital One 1680 Capital One Drive Mc Lean, VA 22102

Cadence Bank 1349 West Peachtree Street Ste 100 Atlanta, GA 30309 Concora Credit PO Box 4477 Beaverton, OR 97076-4477

Freedom Road Financial 10605 Double R Blvd Reno, NV 89521 Regional Finance Corporation C/O Peter Knitzer, CEO 5031 Ford Pkwy Bessemer, AL 35022

OneMain Financial C/O Jay N. Levine, CEO 601 NW 2nd Street Evansville, IN 47708 Syncb/ PPC PO Box 965013 Orlando, FL 32896

Performance Finance 10509 Professional Circle Reno, NV 89521 Tower Loan 406 Liberty Park Court Flowood, MS 39232

TitleMax of Alabama C/O Ebony Thomas, President 15 Bull Street Ste 200 Savannah, GA 31401 TitleMax of Alabama C/O Clifton Lewis 2 North Jackson St Ste 605 Montgomery, AL 36104

Always Money 201B Montague Avenue Greenwood, SC 29649

America's First Finance C/O Doug Rippel, CEO P.O. Box 565848 Dallas, TX 75356

Belk/Synchrony Bank 170 West Election Road, Suite 125 Draper, UT 84020